FILM

The Family Court of the State of Delaware

For ☐ New Castle ☐ Kent ☐ Sussex County

MOTION TO BE FOUND INDIGENT AND REQUEST FOR APPOINTMENT OF AN ATTORNEY IN CHILD SUPPORT PROCEEDINGS

Petitioner	Respondent	
		File Number
Address	Address	Petition Number(s)
City State Zip	City State	Zip
Social Security #:	Social Security #:	
Attorney	attorney	
I declare that I am the respondent in the above-capt because of my poverty I am unable to retain counse		
I □ am □ am not presently employed.		
Current monthly salary If not employed, monthly salary from previous job Date last employed_ Reason for unemployment	\$ \$ -	
If self-employed, average monthly income TOTAL income from employment (a)		
I receive monthly payments from the following: Pension Unemployment Compensation Workers' Compensation or disability payments Interest or dividends Other TOTAL income from monthly payments (a		
I make monthly payments on the following debts: Child Support Mortgage Automobile loan Personal or other loans Other TOTAL monthly payments on debts (c) Available income (a+b-c)	\$ \$ \$ \$ \$	
I have \$ in cash and accounts.	·	necking and/or savings

Form 198 (Rev. 3/00)

OTHER INCOME AND ASSETS THAT MAY BE CONSIDERED:

Other Sources \$	Gifts or inheritance \$
I own the following, including	g estimated value:
Real Estate \$	Stocks or Bonds \$
	Other Property \$
SWORN TO AND SUBSCR	IBED before me this date,
Notary Public	Movant
NOTICE: INTENTIIONALI FORM MAY RESULT IN C	LY PROVIDING FALSE, INCOMPLETE OR MISLEADING INFORMATION ON THIS RIMINAL PROSECUTION
	<u>ORDER</u>
Having considered the reques	st of the movant,
	DATE
That the movant is determine	d to be indigent, and the Court shall appoint counsel to represent him/her
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ATE OF DELAWARE	Judge/Commissioner AFFIDAVIT OF MAILING)) ss.:
ATE OF DELAWARE OUNTY OF I, il on the	Judge/Commissioner AFFIDAVIT OF MAILING) ss.:, affirm that a true and correct copy of Motion was placed in the U.S, and sent to
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